



PET/CT IMAGING

O F B E R K E L E Y

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AMERICAN COLLEGE OF RADIOLOGY ACCREDITED PET AND CT FACILITY

Patient Questionnaire

Name: _____

Date: _____ Age: _____ Weight: _____

What was the time of your last meal? _____ AM / PM (circle one)

What was the time of your last beverage? _____ AM / PM (circle one)

Do you currently live in a skilled nursing facility? Yes No

Why did your doctor request a PET scan?

If applicable, please provide dates for the questions below (month & year)

When was the problem discovered? _____

Date and results of biopsies: _____

Date of most recent dental work: _____

Dates and types of **ANY RECENT** surgeries: _____

Dates of **MOST RECENT** radiation therapy: _____

Dates of **MOST RECENT** chemotherapy: _____

Date and results of last PET scan
or other nuclear medicine study: _____

Date and results of last CT scan: _____

Date and results of recent BONE scan: _____

Date and results of last MRI scan: _____